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Jean-Louis SEUGHER

Name of Person Mailing Correspondence

Signature Person Mailing Correspondence



AEI

Case RN98132

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In the Application of: Jean-Marc FRANCES**

**Examiner: BERMAN, SUSAN W**

**Serial Number: 09/806,648**

**Art Unit: 1711**

**Filing Date: 06/02/2003**

**For: DENTAL COMPOSITION BASED ON SILICONE CROSSLINKABLE BY CATION PROCESS**

**Mail Stop Amendment After Final**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**AMENDMENT AFTER FINAL AND NOTICE OF APPEAL**

Dear Sir:

This is in response to the Office Action of July 11, 2005.

Applicant is enclosing a combined petition under 37 CFR §1.136(a) and under 37 CFR 41.20(b)(1) for the grant a three-month extension of time needed for timely response to the Office Action in the above-identified application and Notice of Appeal to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner dated July 11, 2005 finally rejecting Claims 12-18 and 20, said petition already authorizing the Commissioner to charge Deposit Account No. 18-1171 the amount of \$1,520.00 to cover the fee required under 37 CFR 1.17(a) and 37 CFR 41.20(b)(1) .

The Commissioner is also hereby authorized to charge one Terminal Disclaimer fees under 37 C.F.R. §1.20(d) for an amount of \$130.00 to Deposit Account No. 18-1171.

01/10/2006 BABRAHA1 00000037 181171 09806648

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09/806648

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	8 minus 20=	
INDEPENDENT CLAIMS	1 minus 3=	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	8 Minus	20 8
	Independent	1 Minus	3 8
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE		OR	BASIC FEE	800
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	800

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	8 Minus	20 8
	Independent	1 Minus	3 8
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	8

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	8 Minus	20 8
	Independent	1 Minus	3 8
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.